٠	PAT	ЕИТ АРРЦ(	CATION F Effective	EE DETERM October 1, 20	INATION RE	RECORD Application of Docket Number					
,		CLAIMS AS FILED - PART I						50	1/1.5	185	
	TOTAL CL	AIMS	7	(Column 1) (Column 2)			LL ENTITY	OTHER THAN			
	FOR .		NI.	IMBER FILED	NUMBER EXTE	RA		— ا		EE	
	TOTAL CHA	ARGEABLE CLA		minus 20= }	NOWBEH EXTRA	BASIC	FEE 385.00	OR BAS	C FEE 77	0:00	
	INDEPENDENT CLAIMS			3/minus 3 =			9= .	OR XS	18=	311	
	MULTIPLE DEPENDENT CLAIM PR			RESENT			)= · .	OR X	6=		
ľ	• If the difference in column 1 is less than zero, enjer '0' in column 2					_   +145	)=	OR +29	i0=		
1						TOTA	AL .	OR TOT	ACT	$\mathcal{L}$	
l,	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					a) CALAL	OTHER THAN				
l	<b>∀</b>	CLAIMS REMAININ RETER		HIGHEST NUMBER	POSCENIX	7	ADDI	OR SMA	ILL BUTT		
	Total Independe	AMENDME		PREVIOUS: PAID FOR	Y EXTRA	RATE		RAT		VAL	
	Total Independe	m : /	Miggs		2	. X\$ 9=	717	DR XS	FE	E	
[	FIRST PR	ESENTATION OF	MULTIPLE	DEBENDENT OF	=	X43=		) X86			
				OEFENDENI CL	um []	+145=			7	<u>= 65 ji</u>	
	•			•		TOTAL		P +290	Al	1	
<u> </u>	1 / 1	(Column 1	<u>'</u>	(Column 2)	(Column 3)	ADDIT, FEE	البـــان	R ADDIT, F	EB	<del> </del>	
8	10/15/0	7 REMAINING	1	HIGHEST NUMBER PREVIOUSLY	PRESENT	0.25	MODY		ADDI		
	Total	AMENDMENT	Minus	PAID FOR	EXTRA	RATE	TIONAL	RATE	TIONA	سألنا	
Z Z	Independent	1. 1	Minus	1-20		X\$ 9=	OF	X\$18=		7	
₹ -	FIRST PRES	ENTATION OF N	ULTIPLE D	EPENDENT CLAIR		X43= ·	OF	X86=		7	
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				ADDIT, FEE	OR		<del> </del>	1			
T	,	(Column 1) CLAIMS	·	(Column 2).	(Column 3)			AUDII. FEE	- 11	1	
	:	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY	PRESENT EXTRA		ADDI- NONAL	RATE	ADDI- TIONAL	1	
Ŀ	Total	•	Minus	PAID FOR		<u></u>	FEE		FEE	Í.,	
_	ndependent	•	Minus	***	<u> </u>	X\$ 9= X43=	OR	X\$18=	W.		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						on	X86=			
H U	the entry in column 1 is less than the entry in column 2, write "of in column 3.  the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."  the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."						OR.	+290=.			
ti ti	he "Hinhert M	nhar Death	area matter	o oracic is less than	20 enter-20 *	ADDIT. FEE	OR	TOTAL			
		er Previously Paid	For (Total or	independent) is the f	ighest number for	und in the approp	prizte box in colu	mn 1.			

FORM PTO-875 (Rev. 10/03)

Patient and Trademark Office, V.S. DEPARTMENT OF COMMERCE